

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	<i>Harte</i>	<i>50</i>	<i>02-17-01</i>
O.I.P.E. CLASSIFIER	<i>SYSTM</i>	<i>103</i>	<i>02-26-01</i>
FORMALITY REVIEW			<i>02/27/01</i>
RESPONSE FORMALITY REVIEW			

### INDEX OF CLAIMS

✓ ..... Rejected                      N ..... Non-elected  
 = ..... Allowed                      I ..... Interference  
 - (Through numeral)... Canceled                      A ..... Appeal  
 ÷ ..... Restricted                      O ..... Objected

Claim	Date
Final Original	
1	✓
2	✓
3	✓
4	✓
5	✓
6	✓
7	✓
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Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here